UNITED STATES HOUSE OF REPRESENTATIVE FINANCIAL DISCLOSURE STATEMENT	ES	FORM B For use by candidates	NOV 1 5 2007	
Merlin Lee Harder P.O. Box 55 Hillsboro	(Full DEC 18 AM (Full DEC 18 AM (Full DEC 18)) DEC 18 AM (Full DEC 18) Date and Elect Deffice:	3 (9 43) - 376 Daytime Telephone:	2007 NOV 26 PM 3: 09 U.S. HOUSE (Effect Use Only) A \$200 penalty shall be assessed against anybody who files more than 30 days late.	
In all sections, please type or print clearly in black ink. PRELIMINARY INFORMATION — ANSWE	ER EACH OF THE	SE QUESTIONS		
Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes No	IV. Did you hold any reportable positions on or of filing in the current calendar year or in the p If yes, complete and attach Schedule IV.	r before the date rior two years? Yes No	
II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.	Yes No	V. Did you have any reportable agreement or a with an outside entity? If yes, complete and attach Schedule V.	arrangement Yes No	
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.	Yes No 🔀	VI. Did you receive compensation of more that a single source in the two prior years? If yes, complete and attach Schedule VI.	n \$5,000 from Yes No No	
Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.				
EXCLUSION OF SPOUSE, DEPENDENT,	OR TRUST INFO	RMATION — ANSWER EACH	OF THESE QUESTIONS	
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 8.)				
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes No				
CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED				
This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).				
Certification	Signature of Reporting Individual		Date (Month, Day, Year)	
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Melin Je	e Harle	10-28.07	

Name Merlin Lee Harder

SCHEDULE I—EARNED INCOME (INCLUDING HONORARIA)

List the source, type, and amount of earned income, including honoraria, from any source (other than your current employment by the U.S. Government) totaling \$200 or more during the current year to the filing date and, separately, the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Course (in all all all and an animal few homographs)	Type	Am	Amount		
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year		
XYZ Corporation, Houston, Texas	Salary	\$6,300	\$28,450		
Examples: First Bank & Trust, Houston, Texas	Director's Fee	\$400	\$3,200		
XYZ Trade Association, Chicago, IL. (Rec'd December 2)	Honorarium	0	\$1,000		
Harris County, Texas Public Schools	Spouse Salary	, NA	NA NA		
Lowa Dept. of Corrections		54,402.35	50,391.59		
King Link Funeral Home, West Branch, H			\$200		
101.09					
	-				
		-			

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

BLOCKA	BLOCK B	BLOCK C	BLO	CK D .
Asset and/or Income Source	Value of Asset	Type of Income	Amount o	of Income
Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an	at close of reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	Indicate type of income earned. Check all columns that apply. Check "None" if the asset did not earn any income during the reporting period.	not allow you to choos you may write "NA" fo assets, indicate the c checking the appr Dividends, even if rein	vested, should be listed one" if the asset did not
IRA or retirement plan that is not self-directed, name the institution holding the account and	ABCDEFGHIJKL	ome)	Current Year	Preceding Year
provide its value at the end of the reporting period. For an active business that is not		m Inc		
publicly traded, in Block A state the nature of the business and its geographic location. For		or Far		
additional information, see the instruction booklet for the reporting year.		соше с		
Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you	000	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income Specify: For Example, Partnership Income or Farm Income)		
by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling	000 0,000 0,000 250,000 1,000,000 \$5,000,000 \$5,000,000 - \$5,000,000 - \$50,000,000	D TRI	000'00	00,000
\$5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.	1,000 1 - \$15,000 1 - \$50,000 1 - \$100,00 01 - \$250,0 01 - \$500,0 01 - \$1,000 01 - \$5,00 001 - \$5,00 001 - \$5,00 001 - \$5,00 0001 - \$5,00	S AINS J/BLIN of Incc	000 2,500 15,000 15,000 \$50,000 \$1,000,000 - \$1,000,000 - \$5,000,000 0,000	\$1,500 \$1,500 \$1,000 \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000
If you so choose, you may indicate that an asset or income source is that of your spouse	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$1,000,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$25,000,001 - \$5,000,000 \$25,000,001 - \$50,000,000	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income Specify: For Example, Partnershi	None \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$50,000 \$10,001-\$10,000 \$100,001-\$1,000,000	None \$1-\$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$16,000 \$15,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,00
(SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	None \$1 - \$1 \$1,001 \$1,001 \$15,001 \$50,000 \$250,000 \$5,000,000 \$5	NONE DIVIDE RENT INTERI CAPITÁ	\$1-\$ \$201 \$1,00 \$5,00 \$15,00 \$1,00 \$1,00	\$1-\$20 \$201-(\$222-(\$201-
SP, SP Mega Corp. Stock		x	x	X
DC, Examples: Simon & Schuster	Indefinite	Royalties	X X	X
JT 1st Bank of Paducah, KY accounts	X X	X		X
Fidelity				
	- X			
MHT Credit linion Hartford Life Insuran				
I owa Public Employee retirement Program				
rewement ryogy W				

Name Merli	n Lee	Harden		Page of .
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SCHEDULE V—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
·	None	

SCHEDULE VI—COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. **Exclude:** Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

	Source (Name and Address)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting services
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